



Water Resources Program
FORM 1 – Measuring Device Information
Please fill out one form for each measuring device.

RECEIVED

FEB 09 2010

Dept of Ecology
WR-NWRO

NAME(S) OF WATER RIGHT HOLDER(S):

WATER RIGHT DOCUMENT NO(S):

(Certificate, Permit, Claim, or Court Claim)

Lakehaven Utility District	Federal Way Water & Sewer Dist G1-26989 (apple)
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User's name for diversion/withdrawal point:

Well 29

(e.g. Well #1, Blue well house)

ABOUT THE MEASURING DEVICE:

Please include an up-close photo of the face of the meter, if possible.

Flow Type: ☐ Open Channel Flow ☒ Pressurized Pipe Flow

Measure more than one source? ☐ Yes ☒ No If yes, please provide additional information:

Meter Type (ex. magnetic, propeller, flume):

Electromagnetic

Brand: Siemens

Model No: Mag 3100 w

Serial No: 231901T275

Units of Measure (gal, cf, or ac-ft): gallons

Device Roll-Over No: 99,999,999

Device Multiplier (e.g. x100, x0.01): 1,000

Date Installed/Calibrated: 2009

Fish screen for surface water diversion? ☐ Yes ☒ No

LOCATION OF THE MEASURING DEVICE:

Section 2 Township 21N Range 4E (1/4) SW 1/4 SW 1/4 (1/4)

Latitude (optional):
(NAD 83 Datum in Decimal Degrees preferred)

Longitude (optional):

Is meter within 100 feet of the point of diversion or withdrawal? ☒ Yes ☐ No

COMMENTS:

I hereby certify that all information reported on this form is correct to the best of my knowledge.

Printed Name John Bowman

Phone No 253 946 5401

Signature

E-mail jbowman@lakehaven.org

Date

6/27/10